PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective October 1, 2003 /0 &2 7221

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (OTHER THAN SMALL ENTITY	
TO	OTAL CLAIMS		17		.			RATE	FEE	7	RATE	FEE
FC	DR .		NUMBER FILED		NUME	BER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	17 minus 20=		.0			X\$ 9=		OR	X\$18=	
IND	DEPENDENT C	LAIMS	3 mi	nus 3 =	· 0			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	
* If the difference in column 1 is less than zero					"0" in c	column 2		TOTAL	385	OR	TOTAL	-
CLAIMS AS AMENDED - PART II								CMALL	ENTITY	-	OTHER SMALL	
	<u> </u>	(Column 1)		(Colun		(Column 3)) 7 F	SMALL		OR 1	SWIALL	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=]	X\$ 9=	•	OR	X\$18=	
	Independent	*	Minus	***		=	1 [X43=	,	OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDENT	CLAIM		, L	+145=		OR	+290=	
					•		L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colun	nn Ż)	(Column 3)						
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	$\Big] \Big[$	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	0: 4:44	-	4	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	ILTIPLE DEP	ENDENI	CLAIM		┛	+145=		OR	+290=	
							L	TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER . JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	lΓ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +145=											
. 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	·
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."							TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	
		mber Previously Pa ber Previously Paid						•	ropriate box			